## Retro Hartford STD payment Payroll Processing for PRC

1.	For overall Hartford STD payment processing, refer to EMACS website < Training < Hartford STD Payroll Processing
2.	Identify retro payment using, Hartford payment Explanation of Benefits Summary (EOB)
	<ul> <li>EOB is paying for dates prior to the current pay period being processed</li> </ul>
3.	Calculate STD hours paid by Hartford by using the STD Calculator
4.	Complete Payroll Adjustment (Miscellaneous) for each prior pay period Hartford payment received
	□ Include Time sheet amendment
	☐ Include recovery letter if recovery is over \$25.00.
	☐ Submit all documents to EBSD - Hospitality
	☐ You may submit multiple PA's to include the entire Hartford payment.
	The multiple Payroll Adjustment process is only for Hartford payments adjustments - No Other PA's can be sent in this manner.
5.	Payroll Adjustment Samples
	□ Sample 1
	■ Employee paid 40 hours of SCK (PSL) each week
	■ Hartford payment equates to 22 hours each week
	■ Recovery letter should be completed
	<ul> <li>Requested changes each week should be PSL -22.00 hours; HSF</li> <li>+ 22.00 hours</li> </ul>
	□ Sample 2
	Previous Hartford payment received previously paid 3 hours for week 1 and 6.50 hours for week 2
	Additional Hartford payment received paying another 15.50 hours for a total of 22.00 hours for week 2
	■ Employee is now eligible for full integration
	■ Employee is overpaid 3 hours of vacation in week 2
	■ Recovery letter should be completed

## Retro Hartford STD payment Payroll Processing for PRC

	Requested changes should reflect full integration for week 1 and week2.
	□ Sample 3
	Hartford payment received paying a total of 22.00 hours each week
	■ Employee does not have enough leave to fully integrate
	■ Recovery letter is not needed in this instance
	Payroll Adjustment completed for record purpose only taking away WOPSK (UPS) and showing Hartford payment (HSP)
	■ PA should be completed in this instance to allow employee to receive eligible benefits.
	□ Submit all documents to EBSD-Hospitality for validation
6.	Recovery Letter Template (Sample 4)
	□ AAA: List dates from EOB
	□ BBB: Gross amount received by Hartford
	□ CCC: Overpayment amount
	□ DDD: Same amount as in CCC above
	☐ EEE: The pay period in which the 15th calendar day falls should match the PA. Example: Letter sent on 10/30/09, 15th calendar days will be 11/14/09; this recovery will start in pay period 24/09 which is paid on 12/2/09.
	☐ FFF: List the Wednesday pay date of the pay period listed in EEE
	☐ GGG: The number of pay periods the recovery will be taken
	□ Recovery letter template will be put on the EMACS website
7.	Employee pays back by personal check
	☐ EMACS Payroll will change the coding of the original PA (sample 5)
	☐ Change coding of PSL to ASL +22.00 hours (return sick leave)
	☐ HSF stays the same (allows tracking of full integration)
	□ Code ALA -22.00 hours (to offset leave accrual that the employee has already received)
	□ Copy of changed PA will be sent to department payroll clerk for your record

# Retro Hartford STD payment Payroll Processing for PRC

	ear	o Date adjustment will be completed to correct employee W-2 ning, if pay back within the same calendar year as the rpayment
	□ Benef	its of employees paying back by personal check
		Overpaid leave will be returned on the next On-cycle pay period
	<b></b>	Leave returned may be used right away
	<b>*</b>	Will not affect deduction in future pay period
		e.g. Retirement, health, dental, etc.
		Pay back with money in hand (Hartford payment) instead of reducing future earning
8.	EMACS-	Payroll process
		S-Payroll will not take action on the recovery until after the 15 endar days.
	lett	oyees may request a hardship per MOU guidelines. Hardship ers must be received in EMACS Payroll no later than the 15th endar day to be effective for the recovery pay period listed on the er.
		Hardship letters should be faxed or mailed to EMACS-Payroll attention Hartford STD desk.
	□ Recov	very will be taken as given (per pay period)
9.	Effective	e date
	□ This p	process is effective for all EOB's dated on or after 10/24/2009
	Correcti Iospitalit	ons involving STP/STF will continue to be processed by EBSD-y.
		pay period HSP/HSF must be coded by DTA deadline or by g amended TLR (non-eTime departments only).



### **PAYROLL ADJUSTMENTS - MISCELLANEOUS**

(Time Sheet Amendment REQUIRED)

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# Time Sheet Amendment

For ALL Payroll Adjustments & On Demand Warrants

9/25/2009 PAY PERIOD END DATE

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### **PAYROLL ADJUSTMENTS - MISCELLANEOUS**

(Time Sheet Amendment REQUIRED)

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# Time Sheet Amendment

9/25/2009 PAY PERIOD END DATE Indicate work schedule WOPSK SCK HSF VAC TRC 40.00 0.00 22.00 18.00 0.00 0.00 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 09/20/09 | 09/21/09 | 09/22/09 | 09/23/09 | 09/24/09 | 09/25/09 | Total 0.00 32710 DEPT ID 8.00 8.00 8 8.00 8.00 呈 24 Hour Facility 2nd Friday Off 1st Friday Off PAY GROUP 8.00 WED 6.00 2.00 For ALL Payroll Adjustments & On Demand Warrants 8.00 8.00 3 SBC 8.00 Non 9/80 Schedule MOM 8.00 1st Monday Off 2nd Monday Off 0.00 SUN 09/19/09 0 RECORD# 0.00 SAT 40.00 33.25 0.00 0.00 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Total 0.00 3.75 0.00 I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT AND THAT LEAVE. BALANCES ARE AVAILABLE 3.00 M9999 EMPLOYEE ID 09/13/09 09/14/09 09/15/09 09/16/09 09/17/09 09/18/09 8.00 3.00 1.25 3.75 8.00 8.00  $\Xi$ EMPLOYEE SIGNATURE 8.00 8.00 WED WEEK 1 8.00 8.00 3 Mouse, Minnie EMPLOYEE NAME 8.00 8.00 MON 0.00 SUN 09/12/09 0.00 SAT

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**AUTHORIZING SIGNATURE** 

I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT

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Distribution; EMACS-Payroll - 0030

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REV 7/30/09

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### **PAYROLL ADJUSTMENTS - MISCELLANEOUS**

(Time Sheet Amendment REQUIRED)

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Original for STD - EBSD-HR Hospitality Copy - Department



# Time Sheet Amendment

For ALL Payroll Adjustments & On Demand Warrants I CERTIFY THAT ALL INFORMATION RECORDED HEREON IS CORRECT AND THAT LEAVE BALANCES ARE AVAILABLE B9999 EMPLOYEE ID Bob, Sponge EMPLOYEE NAME

2009 END DATE		hedule			Pay	Total	44.00	10.00	5.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00	0.00	00.00	0.00	0.00	80.00	
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Distribution: EMACS-Payroll - 0030

REV 7/30/09

10/20/09

Employee Name Employee Address City, State Zip

RE: RECOVERY PLAN FOR OVERPAYMENT OF LEAVE INTEGRATED WITH HARTFORD DISABILITY PAYMENT(S)

Your leave integration for dates <u>AAA</u> along with the gross STD payment you received from Hartford in the amount of \$BBB exceeded 100% of your base salary.

The overpaid amount of \$CCC is now due and payable to the County of San Bernardino.

According to the Consolidated Memorandum of Understanding (MOU) the maximum amount an employee receives from integrating leave time with disability payments shall not exceed 100% of the employee's base salary. Per the MOU, "The employee shall be obligated to repay, by payroll recovery, the amount of overpayment within the time frame the overpayment was received by the employee."

You have two options to make this payment:

- 1. Submit a personal check or money order in the amount of <u>DDD</u> payable to: County of San Bernardino, EMACS/Payroll 3<sup>rd</sup> Floor; 222 W. Hospitality Lane; San Bernardino, CA 92415-0030. Please submit your payment within 15 calendar days of this letter.
- 2. If we do not receive payment by the deadline, the recovery will be taken against your future earnings. The recovery will begin in pay period <u>EEE</u> for the Pay Day of <u>FFF</u>. It will continue for <u>GGG</u> pay periods, the same number of pay periods you received overpayment, or until the entire amount has been repaid in full. If you terminate your employment with the County of San Bernardino during this process, please be advised that we will attempt to take the balance against your final check. Any remaining balance will be forwarded to Central Collection for payment arrangement.

If you have any questions, please call EMACS Payroll at (909) 386-8907.

Sincerely,

Department Representative Title Department Name



### **PAYROLL ADJUSTMENTS - MISCELLANEOUS**

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